

PD-ABX-203



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EVALUATION OF THE PANFAR PROGRAM OF PRISMA

AND THE MINISTRY OF HEALTH OF PERU

USAID Contract No. AEP-0085-I-6017
Task Order No. OUT-AEP-I-805-96-00017-00

March, 1999

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LIST OF ACRONYMS

A.B. PRISMA	Asociacion Benefica Proyectos en Informatica, Salud, Medicina, y Agricultura
CENAN	National Center for Nutrition and Food Assistance of the National Health Institute
COCOAs	Communal Assistance Committees
INS	National Health Institute of the Ministry of Health
ISTI	International Science and Technology Institute, Inc.
MOH	Government of Peru's Ministry of Health
NGO	Non-governmental organization
PANFAR	High Risk Family Feeding and Nutrition Program
PROFASA	Focalized Program for Food Security
SASE	Seguimiento para el Desarrollo
UBES	Basic Health Units
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
UTES	Health Area Unit

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EXECUTIVE SUMMARY

This report summarizes the findings of an evaluation of the management and operations of the High Risk Family Feeding and Nutrition Program (PANFAR) that was undertaken to assess the validity of claims that PL 480 Title II food assistance had been conditioned in 1997 on acceptance of tubal ligation. The PANFAR program is an integrated strategy promoting nutrition and health services for nutritionally high-risk children and their mothers. The program is supported by the United States Agency for International Development (USAID) and co-implemented by the Asociacion Benefica Proyectos en Informatica, Salud, Medicina, y Agricultura (PRISMA) and the Ministry of Health's National Center for Feeding and Nutrition (CENAN) through the network of Ministry of Health establishments. PANFAR currently reaches over 150,000 nutritionally high-risk families in over 2,300 population centers in the poorest areas of Peru with food rations.

In mid-December 1997, several newspaper articles in leading dailies of Lima, Peru, touched off a controversy concerning the policy and practice of the Government of Peru's family planning program as it relates to tubal ligation. Further complicating the issue was speculation disseminated through the media that donated food assistance was often inappropriately used to further sterilization objectives, to the point of conditioning the distribution of food or participation in a food assistance program on the acceptance of tubal ligation. Articles in the press made specific mention of the USAID-supported PANFAR program.

Evaluation Objectives

The objectives of the evaluation were to determine:

1. Whether any woman participating in the program in 1997 was sterilized a) against her will, or b) on the basis of insufficient information about family planning alternatives, or c) whether any had PANFAR food assistance conditioned on acceptance of sterilization.
2. Whether abuses related to alleged sterilizations have resulted from situations in which a health care worker responsible for the management of the PANFAR program also has some responsibility for MOH family planning activities.
3. Whether PRISMA has instruments in place that a) deter health care workers who are in control of resources from using those resources inappropriately, b) enable program supervisors to detect abuses in a timely fashion, and c) permit PRISMA and its counterpart program authorities to take swift investigative action and apply the proper sanctions when necessary.

Evaluation Methodology

The central part of the evaluation consisted of three separate surveys: one of women who had undergone a tubal ligation operation during 1997 while participating in the PANFAR program, one of a sample of women beneficiaries of PANFAR, and one of health workers in health establishments involved in the PANFAR program. To implement the three surveys, illustrative sample sizes were established in the statement of work: 66 women who were known to have undergone a tubal ligation,

a sample group of 600 PANFAR beneficiaries, and 50 health workers. These sample sizes were subsequently increased to include 97 women who were known to have undergone tubal ligation, a sample group of 814 PANFAR beneficiaries, and 74 health workers. Section II Evaluation Methodology provides more detail regarding the various samples of the study.

The following activities were also carried out: focus groups involving the same three groups of individuals; interviews with officers of institutions that were selected on the basis of their experience and role with regard to the subject being evaluated; review of a PRISMA study on the quality of services; review of PRISMA's mechanisms for project control, monitoring, and information; and review of the quality and promptness of PRISMA's response to cases of infractions of the program rules and regulations.

Based on the results of the surveys of women who were known to have undergone a tubal ligation operation during 1997 while participating in the PANFAR program and a sample of women beneficiaries of PANFAR, a supplementary survey was undertaken of women who had reported having been food conditioned to accept a tubal ligation operation.

Ancillary information describing sample characteristics, the analytic approach, survey and focus group protocols, the interview instruments, and the survey reports and supporting tables is on file at USAID/Peru.

Findings and Conclusions

With regard to Objective 1:

- 1.1 None of the women who accepted tubal ligation as a contraceptive method during 1997 reported that the tubal ligation operation was performed without their consent or against their will. The survey findings did not find any evidence that any beneficiary of PANFAR was forced or physically compelled in any way by any health worker to submit to a tubal ligation operation. This conclusion is based on the overall analysis of questions in two sets of surveys and focus group discussions. Section III.1.1 provides more information on the reasons why women accepted tubal ligation.
- 1.2 Special attention was paid during the evaluation to the question of food conditioning; that is, whether the food supplies were conditioned on acceptance of tubal ligation. The evaluation found that of 142 women interviewed who had undergone a tubal ligation while participating in the PANFAR program in 1997, 23 had experienced some degree of food conditioning. Twelve of these women were of the first group of women interviewed who were known to have undergone tubal ligation, and eleven were of the sample group of 814 PANFAR beneficiaries interviewed, 64 of whom also reported that they had undergone a tubal ligation. Focus group discussions also indicated that food conditioning was experienced by women to accept tubal ligation in some cases. However, it was not possible with the questions asked in the survey to determine with certainty the weight of food conditioning on the final decision taken by women to accept tubal ligation. Section III.1.1 provides more information on the answers given by women to specific questions on the offer of PANFAR food. For example, the information obtained suggests that the 12 women who

reported food conditioning from the first group of women interviewed had the same level of satisfaction with the operation as did the majority of women with tubal ligation who affirmed that they had not been food conditioned in their decision to have the operation. Moreover, 90.1 percent of the women undergoing tubal ligation while in PANFAR reported being pleased with the operation.

- 1.3 These results suggest that there were preexisting reasons for the decision taken by these women to opt for tubal ligation prior to any food being conditioned upon their acceptance. The evaluation team did some preliminary work in this area through the utilization of a multi-variate analysis to estimate the relative importance of food conditioning in the decision to undergo tubal ligation. However, it was not possible to obtain any significant result due to the fact that the sample sizes were not large enough for statistical analysis. Therefore, a subsequent re-interview was undertaken of the 23 women who stated in the initial study that they had experienced food conditioning in relation to their undergoing a tubal ligation procedure.
- 1.4 The follow-up interviews were able to clarify the circumstances of the cases where women experienced food conditioning and the degree to which food conditioning influenced a women's decision to undertake the tubal ligation procedure. Nineteen of the 23 women were located and interviewed. Of these 19 women, six acknowledged that, with the more detailed questions of the follow-up interviews, they had not, in fact, experienced food conditioning. Five of the 19 said that, although they had perceived food conditioning, it had not been important factor in their decision. The other eight women said that food conditioning had been an important factor. See Section II.6 under Evaluation Methodology for more detailed information.
- 1.5 Of the 19 women participating in the follow-up interviews, 14 indicated that they had undergone the tubal ligation because they did not want to have any more children. Other factors influencing their decision, in descending order of importance, were the effectiveness of a permanent method, the fact that food was offered, and the accessibility and no cost of the operation.
- 1.6 With reference to the level of information about contraceptive alternatives among women with tubal ligations, the survey indicates that 90 percent of them knew three or more methods, including tubal ligation, and that 51.5 percent of them were users of other methods before accepting tubal ligation. These rates are consistent with the findings of the Peruvian Demographic and Health Survey of 1996. The information from focus groups, although variable, indicates that the knowledge had been acquired or reinforced during the PANFAR educational activities.

With regard to Objective 2:

- 2.1 Of the second group of 814 women interviewed in the sample of PANFAR beneficiaries, 64 reported that they had undergone a tubal ligation while in the PANFAR program. The women interviewed for this sample were from health posts where the health worker responsible for the PANFAR program also had some responsibility for Ministry of Health family planning activities. Of these 64 women, the evaluation found that 11 (17.2 percent) reported having experienced food conditioning. This rate does not represent a significant statistical difference from 15.4 percent of women in the previous survey referred to above (12 of 78 women)¹ for whom the characteristics of the health workers were not considered when they were selected, and who also had reported receiving the offer of food.
- 2.2 In the large majority of cases, food was delivered in meetings held in public areas in the health post. The focus groups tended to corroborate this finding. This indicates that privacy was not a facilitating element for the offer of food. With regard to the cases of women who reported experiencing food conditioning to accept a tubal ligation, there was no geographic concentration of these women in one or two departments.² However, in the focus group discussion of beneficiaries there were comments made by PANFAR food recipients that some health workers did try to use food conditioning to influence a woman's decision to accept tubal ligation, while in other cases, health workers did not. This leads to the conclusion that the conditioning of PANFAR food for women to accept tubal ligation was determined, to a large extent, by the individual characteristics of the health worker.

With regard to Objective 3:

- 3.1 PRISMA's role in supervision of the PANFAR program contributes to the proper application of the current PANFAR directives. Under the present arrangements, PRISMA coordinators are one step removed from the field operations for whose day-to-day supervision they have to rely on MOH staff. Given the natural autonomy of the latter in the final execution of the program, PRISMA's supervisory functions play an important role in the control and follow-up of the program.
- 3.2 The tools in place for program monitoring seem to be the proper ones in terms of the technology being utilized. The evidence reviewed dealing with rapid communication lines via cellular telephone, fax, and the internet and their use during the critical stage of accusations in the press with regard to abuses in the national family planning program, indicates that a rapid response system is in place. However, there are still needs in maintaining the system up-to-date and expanding the network to all sites.

¹ PANFAR provided names of 164 women in whose family a sterilization procedure had been performed for either the man or woman during 1997. Of the 97 women who were chosen for the sample to be interviewed, it was determined that 78 women had received a tubal ligation during their participation in the program during 1997.

² Departments in Peru are similar to U.S. states.

- 3.3 PRISMA has demonstrated the capacity to respond in a timely and organized fashion to allegations of infractions and has applied the few, albeit drastic and effective, sanctions at its disposal for any infractions. Most of the health workers in the survey were aware of the written PANFAR program directives. These directives include rules and procedures with regard to the proper use of food supplies. Due to the possibility that food supplies could be used to condition women to accept contraception, PANFAR may need to provide explicit rules to prevent this occurrence.

I. INTRODUCTION

This report summarizes the findings of an evaluation of the management and operations of the High Risk Family Feeding and Nutrition Program (PANFAR) that was undertaken to assess the validity of claims that PL 480 Title II food assistance has been conditioned on acceptance of tubal ligation. The PANFAR program is an integrated strategy promoting nutrition and health services for nutritionally high-risk children and their mothers. The program is supported by the United States Agency for International Development (USAID) and co-implemented by the Asociacion Benefica Proyectos, Informatica, Salud, Medicina, Agricultura (PRISMA) and the Ministry of Health's National Center for Feeding and Nutrition (CENAN) through the network of Ministry of Health establishments. PANFAR currently reaches over 150,000 nutritionally high-risk families in over 2,300 population centers in the poorest areas of Peru with food rations. From its inception in 1988, the program has covered a total of over two million high risk families with undernourished children.

I.1 Background

In mid-December 1997, the Peruvian press began to criticize the national family planning program. This criticism centered on the tubal ligation component of the program. Using personal testimony from women living mostly in remote areas of the country who had undergone a tubal ligation operation, the press focused on several aspects of the program: 1) the setting of targets for the family planning program; 2) complications in surgical procedures, some causing great suffering and a few ending in death; and 3) the release of women who had undergone tubal ligation who frequently had to travel long distances to return to their homes, and for whom there was either no or insufficient follow-up postoperative procedures and facilities causing serious health problems in some women and even resulting in some preventable deaths.

Well-known women's affairs groups investigated cases of alleged abuses, collected information, and channeled their concerns to public health authorities while a full investigation was undertaken. The Ministry of Health responded to the situation by undertaking its own investigations of these issues; based on its findings, corrective measures and, in some cases, disciplinary actions to individuals found at fault were applied.

Central to the present report, there was also early speculation in the press on the question of whether the modalities used to persuade women to undergo a tubal ligation operation involved the promise of food. There were questions that perhaps offers of food were conditioned on acceptance of tubal ligation or that suspension of food supplies was threatened unless women underwent the operation. Some of these allegations made explicit reference to the PANFAR program, and to confront this situation, PRISMA investigated the cases appearing in the press. The investigation did not find major faults in the program.

I.2 Objectives of the Evaluation

The purpose of this study is to assess the validity of claims that PL 480 Title II food assistance has been misused to condition women to accept tubal ligation. USAID entered into a contract with the International Science and Technology Institute, Inc. (ISTI) of Arlington, Virginia, to carry out the

study. The statement of work requested that ISTI design a plan of action to ensure thorough and satisfactory responses to the following concerns:

1. Does convincing evidence exist that any woman participating in the program was a) sterilized against her will, or b) on the basis of insufficient information about family planning alternatives, or c) whether any had PANFAR food assistance conditioned on acceptance of sterilization?
2. Does evidence exist that abuses related to alleged sterilizations have resulted where a health care worker responsible for the management of the PANFAR program also has some responsibility for MOH family planning activities?
3. Does PRISMA have instruments in place which a) deter health care workers who are in control of Title II resources from using those resources inappropriately, b) enable program supervisors to detect abuses in a timely fashion, and c) permit PRISMA and its counterpart program authorities to take swift investigative action and apply the proper sanctions?

According to the stipulations of the contract and subsequent modifications, the evaluation team was to collect data from a variety of sources and to reach conclusions for each of the three objectives.

Objective 1:

- A review of the PRISMA 1997 monitoring data tracing a sample of 56,271 women of the approximately 165,000 women participants that year
- A survey of 97 of the 164 women who underwent tubal ligation while participating in the program during 1997
- Five focus groups that included women who had undergone a tubal ligation, and a sample of women who had been PANFAR beneficiaries during the second half of 1997

Objective 2:

- A review of the criteria and practice governing distribution of PANFAR program food
- A survey of 814 PANFAR beneficiaries at 72 selected health establishments, with an average of 11 women per establishment

Objective 3:

- A review of PRISMA and PANFAR program directives as to the clarity of instructions regarding the use of program resources and sanctions and an assessment of their enforcement
- An analysis of the program monitoring and information systems, including an assessment of program staffing and level and quality of coverage by field supervisory personnel
- An assessment of the timeliness with which PRISMA has responded to alleged violations of PANFAR program directives or to the alleged misuse or attempted misuse of program resources
- Two focus groups of health workers

The evaluation took place between August 10, 1998 and December 12, 1998. The team leader, Dr. Jose Donayre, former director of the Program Coordination Division and the Technical and Evaluation Division of UNFPA, had overall responsibility for the study. He was assisted by a survey research organization, Seguimiento para el Desarrollo (SASE), in carrying out the various surveys and focus group discussions and in analyzing the data. The re-interviews of women who had reported that food assistance had been conditioned on their acceptance of tubal ligation during 1997 while participating in the PANFAR program were undertaken by SASE in March 1999.

II. EVALUATION METHODOLOGY

II.1 Interviews

Interviews were undertaken with two of the principal women's affairs institutions in Lima, the Manuela Ramos Movement and the Flora Tristan Center, and with officers of the Deputy Ombudsman Office for Women's Rights. The evaluation team decided not to interview journalists in order to prevent reopening the subject in the press and to protect the privacy of the ongoing inquiry.

The Manuela Ramos Movement has extensive experience in population and family planning issues. The Flora Tristan Center is a research and action institution with several activities focused on the rights of women. The Deputy Ombudsman Office for Women's Rights is part of the Ombudsman Office (Defensoria del Pueblo), an autonomous body created by the Peruvian Constitution to preserve human rights. As such, it represents the highest government body dealing with the human rights of women.

II.2 Document Review

II.2.1 PRISMA study

The evaluation team reviewed a PRISMA report summarizing the results of a retrospective review of PANFAR records for 1993 -1997 and a field inquiry undertaken in early 1998. The field inquiry involved both health workers and beneficiaries of the PANFAR program, and its focus was on quality of care and family planning alternative issues.

The objectives of the PRISMA study, as specified in the report, were to describe the pattern of method use among PANFAR beneficiaries and to explore the quality of the provision of PANFAR services. More specifically, the study aimed to determine the variety of contraceptives used and the changes in contraceptive use at the point when a woman entered the PANFAR program; to assess the presence and magnitude of quality lapses in the supply of family planning services; and to evaluate the degree of satisfaction among program recipients.

II.2.2 PRISMA control instruments and directives

The team reviewed all available sources of information about the mechanisms intended to prevent, monitor, and resolve problems related to the use of food distribution under the PANFAR program. The most important of these sources is the official document entitled *Directivas Generales PANFAR 1996: Instructivo*, issued jointly by the Ministry of Health, the Instituto Nacional de Salud, the Centro Nacional de Alimentacion y Nutricion, and PRISMA. This document is the most detailed guide to the application of the program's basic regulations and procedures.

Other documents include a selected number of reports by supervisors and reports of the quarterly meetings held in the field, as well as correspondence exchanged between PRISMA and MOH subregional directors during the period December 1997 to June 1998, when accusations were made

in the press about irregularities and abuses in the tubal ligation program. As mentioned above, some of these accusations, albeit a limited number, focused on the use of food to prompt acceptance of tubal ligation and implicated the PANFAR program.

II.3 Review of PANFAR Program Mechanisms

There are a number of points in the PANFAR program at which the interaction between the health worker and the (potential) women participant could provide an opportunity for the health worker to pressure the woman into accepting tubal ligation against her will. Although the transition from orientation to suggestion to clear pressure is complex, a sensible judgement can be made based on an examination of the various program stages and the nature of the health worker--woman relationship.

A review of the mechanisms of the program indicates there are three critical points of contact between health worker and woman. The first point of contact is during recruitment, which is either in the community by a home visitor from the health post, a volunteer promoter, or at the health post itself during a visit by the woman for services for herself or her child. If the woman is unaware of the program, or if aware, has not decided to enter it, the health worker is in a position to suggest she join the program, showing her the many advantages of being involved in it. The offer of a contraceptive method at this time appears possible.

The second point of contact is when the family is actually registered in the PANFAR program and a card is issued to follow its progress in the program. For the woman, this is perhaps the most sensitive stage when the woman has made up her mind to enter the program and is eager to enjoy the advantages of being enrolled in it.

The third point of contact at which food conditioning could be exercised is when food is given to the woman once she has been accepted into the program. A *quid pro quo* situation is easy to visualize but would depend on where in the health establishment the exchange occurs, whether the distribution of food is done in public or in private, and whether women take an active role in helping in the distribution. This point of contact occurs monthly, for a period of at least six months, providing multiple opportunities to possibly exert pressure on the woman to accept contraceptives, including tubal ligation, in exchange for receiving food.

II.4 Surveys

The questionnaires used for the various surveys were designed to disclose, as much as possible, the conditions of the interaction between agents and clients and the results of that interaction. Emphasis was placed on the second and third point of contact when the family is actually registered in the PANFAR program and when food is given to the client once she has been accepted into the program.

II.4.1 Sample characteristics

Illustrative sample sizes for the three survey groups had been established in the statement of work prepared by USAID: 66 women who underwent tubal ligation, 600 PANFAR beneficiaries, and 50

health workers. It was suggested that the latter group should represent 25 percent of 200 health posts. However, since 433 health establishments were identified at which the health worker responsible for the management of the PANFAR program also had some responsibility for MOH family planning activities, the sample was adjusted accordingly.

During the sample design stage, discussions were held between the evaluation team, USAID, PANFAR, and the MOH. As a result of these discussions, the sample sizes were increased to 97 women who had undergone tubal ligation; 814 PANFAR beneficiaries; and 74 health workers.

II.4.2 Protocols and field work

Three sets of protocols were developed for the study. The first set was used in September 1998. These questionnaires were tested in August, prior to the first survey, in a health post in Lurin, a town south of Lima. Lurin was selected from the list obtained from PRISMA and had an active PANFAR program. The second set of protocols was discussed in detail with MOH representatives during three review meetings and used for the survey in November 1998. A number of questions were added to the questionnaires or modified based on the first stage results in order to amplify even further whether abuses with regard to food conditioning took place.

Five professional interviewers were selected for the survey of women who had undergone tubal ligation, and 16 were selected for the survey of women participating in PANFAR and the survey of health workers in health establishments where PANFAR is active. The interviewers were trained in a three-day session in SASE's office in Lima and one day in a field work situation in Lurin. Field work took place at two different times: September 13 to 21 and November 10 to 22. One interviewer in each location was responsible for the first and third surveys, and teams of two interviewers each addressed the second survey in each location.

II.5 Focus Groups

Focus groups were used to complement and deepen the understanding of the survey findings; they were especially important since the issues being investigated concern the intimate matter of family planning and the possible pressure coming from individuals in positions of authority. The nature of the instrument provided the opportunity to make any necessary clarifications and to capture subjective aspects that are not easily obtained by the types of quantitative research used in this exercise.

The objectives of the focus groups were to disclose the perceptions of:

- Participant women about their relationship with MOH health workers of PANFAR food assistance and family planning services
- Women who had undergone tubal ligation about their experience with method selection and acceptance, the surgical intervention itself, and the postoperative phase
- MOH health workers of PANFAR food assistance and family planning services about their relationship with participant women during 1997 and the manner in which they fulfill their duties.

For the focus groups with participant women, the sampling method required that all women live in rural areas, that they had participated in PANFAR during the period under study, and that they shared a similar condition of low socioeconomic status. It was important that the Departments from which the women were chosen have different regional, cultural, and living conditions in order to ensure a more balanced and complete vision of the reality. Three Departments were selected from the list provided by PRISMA. Two of them had the highest number of women with tubal ligation, namely, Junín (38) and San Martín (23), and the third one, Cajamarca with 47 percent of health posts in the sample, had a large number of PANFAR participants during 1997. A special focus group was conducted in the community of Aco in Junin, which has a high number of women with tubal ligation (10) performed during 1997 while they were participating in PANFAR. In total, five focus groups were conducted, two in Junin, two in San Martín, and one in Cajamarca, (comprising eight to 10 women each).

For health care workers, two focus groups (comprising six to seven workers each) were held, one in Junin and one in Cajamarca.

II.6 Re-interviews

To clarify the circumstances surrounding food conditioning mentioned by 23 women during the study, it was determined that additional information was needed. These 23 women who had been PANFAR participants in 1997 reported to have experienced food conditioning related to their decision to undergo a tubal ligation procedure. Nineteen of the 23 women were located and re-interviewed to gain a more complete understanding of the circumstances surrounding this food conditioning and to assist USAID/Peru in monitoring improvements made to the PANFAR program over the past year, as well as to direct additional changes that may be necessary.

III. FINDINGS

The evaluation findings are organized according to the three objectives of the evaluation.

III.1 Objective 1

The evaluation in this area sought evidence to determine whether a) any woman participating in the PANFAR program was sterilized against her will or, b) on the basis of insufficient information about family planning alternatives, or c) whether any had PANFAR food assistance conditioned on acceptance of sterilization.

III.1.1 Survey of women who adopted tubal ligation

This survey provides crucial information with regard to this area of inquiry. Of the 164 individuals who, according to PANFAR records, underwent a tubal ligation operation during 1997, a total of 97 women were interviewed; 34 women were interviewed during the first stage in September 1998 and 63 during the second stage in November 1998. The regional distribution followed the same concentration pattern as the PRISMA listing: the majority of women were interviewed in the Junin department in the Central Sierra (38), and the remainder in the rural areas of other departments in the rest of the Sierra (37), Selva (10), and Costa (12). The socio-demographic profile of the women in both stages is very similar, a fact that allows aggregating the information drawn from the responses to the questions asked.

With reference to whether any of the women interviewed were operated on against their will, the evaluation did not find any cases of sterilization made under these conditions. Due to the sensitive nature of the subject, the survey included questions about satisfaction with the surgical intervention as well as the reasons the interviewed women chose tubal ligation: 85.7 percent of the women said they were pleased with having chosen the operation, and 63 percent referred to not wanting any more children as the reason to accept tubal ligation. Even among women who voiced dissatisfaction with the operation, none referred to having been forced to do anything against their will.

Special attention was paid during the evaluation to the question of food conditioning; that is, whether the food supplies were conditioned on acceptance of tubal ligation. The survey explored in detail the subject of whether PANFAR food supplies were misused to condition women to accept tubal ligation. The question was asked in two ways: "Were you offered PANFAR food to accept the tubal ligation operation?" (Phase 1 of the survey) and "Were you told that you had to undergo the tubal ligation operation to receive PANFAR food?" (Phase 2). In both cases the questions were direct, with emphasis on the act of offering food, without establishing differences in the gradation of pressure. The evaluation found that 12 of 78 (15.4 percent) of the women interviewed who had undergone a tubal ligation operation while participating in the program in 1997 had experienced food conditioning. Focus group discussions also indicated that food conditioning was experienced by women to accept tubal ligation in some cases.

However, it was not possible with the questions asked in the survey to determine with certainty the weight of food conditioning on the final decision taken by women to accept tubal ligation. The

information obtained suggests that the 12 women who reported food conditioning had the same and possibly higher level of satisfaction with the operation as did the majority of women with tubal ligation who affirmed that they had not been food conditioned in making their decision to have the operation. Moreover, 90.1 percent of the women undergoing tubal ligation while in PANFAR reported being pleased with the operation.

These results suggest that there were preexisting reasons for the decision taken by these women to opt for tubal ligation prior to any food being conditioned upon its acceptance. The evaluation team did some preliminary work in this area through the utilization of a multi-variate analysis to estimate the relative importance of food conditioning in the decision to undergo tubal ligation. However, it was not possible to obtain any significant result due to the fact that the sample sizes were not large enough for statistical analysis. Therefore, a subsequent re-interview of the 23 women who stated in the initial study that they had experienced food conditioning in relation to their undergoing a tubal ligation procedure was undertaken.

The follow-up interviews were able to clarify the circumstances of the cases where women experienced food conditioning and the degree to which food conditioning influenced a women's decision to undertake the tubal ligation procedure. Nineteen of the 23 women were located and interviewed. Of these 19 women, six acknowledged that, with the more detailed questions of the follow-up interviews, they had not, in fact, experienced food conditioning. Five of 19 said that although they had perceived food conditioning, it was not an important factor in their decision. The other eight women said that food conditioning had been an important factor.

Of the 19 women participating in the follow-up interviews, 14 indicated that they had undergone the tubal ligation because they did not want to have any more children. Other factors influencing their decision, in descending order of importance, were the effectiveness of a permanent method, the fact that food was offered, and the accessibility and no cost of the operation.

Looking closer at the circumstances of food conditioning in the follow-up interviews, of the 13 women who responded that they were food conditioned, six of them were approached during recruitment, mostly at home or during visits to the clinic for illness or immunizations. Seven were approached when they were already in the PANFAR program: four at program talks and three during food delivery. There does not seem to have been any one point of vulnerability for PANFAR food conditioning.

Concerning who did the food conditioning, data from the follow-up interviews show that of the 13 women who responded that they were food conditioned, in the majority of these cases food was conditioned by the clinic nurse or other health worker. A physician and midwife were only mentioned in one case. Three cases were noted where the clinic nurse also had responsibility for the PANFAR program. All women interviewed identified the items offered as PANFAR food.

In reference to the question of whether women were sufficiently informed about contraceptive alternatives, the initial survey found that a large majority had a high level of information on all methods. Ninety percent of the women who had a tubal ligation operation knew more than three methods, including sterilization, and 51.5 percent had used another contraceptive method before

accepting tubal ligation. Among women who underwent tubal ligation during their PANFAR participation, there is no significant difference in the number of live children, years of education, or the age at which they started to use a contraceptive method. These rates are consistent with the most recent Peruvian Demographic and Health Survey (1996), which found that 98 percent of married Peruvian women nationwide know of at least one contraceptive method. In rural areas, that proportion is 94 percent. Knowledge of oral contraceptives, intrauterine devices, tubal ligation, condoms, and injectables is in the range of 87 to 91 percent.

III.1.2 Interviews

The Manuela Ramos Movement

Officers of the Manuela Ramos Movement had been concerned about the national reproductive health program even before the issues were raised in the press. Although the organization's officers believed that there might be grounds to suspect some forms of abuse in some instances, they were not aware of any credible evidence of the direct use of food as an incentive for acceptance of tubal ligation.

The Flora Tristan Center

The Flora Tristan Center has been actively involved in the investigation of the incidents reported by the press. At the time of the interview, the Center was preparing a report for the United Nations Commission on Human Rights that deals with approximately 200 cases from November 1997 to October 1998 of human rights violations, some of which refer to the implementation of the national reproductive health program. The Center had some preliminary information on food being used as a leverage for the acceptance of contraception or tubal ligation, but had not confirmed the data nor established whether the food was from PANFAR or other sources.

The Deputy Ombudsman Office for Women's Rights

The Deputy Ombudsman Office for Women's Rights has received charges of human rights violations in the national reproductive health program. At the present time, the Office is concentrating on cases of deaths following tubal ligation, but there is no exact account of food exchange for tubal ligation acceptance. Of the 147 cases registered, there have been five cases in which food was suspected of being conditioned on the acceptance of tubal ligation; two of them involving PANFAR. However, the results of an investigation into three of these cases, including the two involving PANFAR, indicated that there was no truth to the reported incidents; the remaining two cases are still under investigation.

III.1.3 PRISMA study

The PRISMA study was undertaken to look at the quality of services of the PANFAR program. In relation to family planning, it found that the pattern of usage of condoms, injectables, and tubal ligation were similar from year to year, and only a very small group of PANFAR beneficiaries actually changed the method they were using at the point of entering the program, resulting in an

overall net gain of only 2.9 percent in 1997. More to the point, PANFAR data reveal that no particular emphasis was placed on recruitment for tubal ligation, since the prevalence rate for this method varied only 0.3 percent between use on entering the program and use at graduation. The term graduation is used by the PANFAR program to denote the conditions under which the beneficiary families leave the six-month program period. Basically, a family leaves the program once the child or children recover from malnutrition.

III.2 Objective 2

The evaluation in this area sought evidence to determine whether "abuses related to alleged sterilizations have resulted where health workers responsible for the management of the PANFAR program also have some responsibility for MOH family planning activities."

III.2.1 Criteria for and practice of food distribution

A standard package of food of a fixed composition and amount is provided to every mother enrolled in the PANFAR program at monthly intervals. The current regulations require that the food is to be provided free of charge, on the premises of the health care establishment, by a member of the staff, and in person to the PANFAR participant.

As mentioned in the discussion of PANFAR program mechanisms in the methodology section of this report, there are implications about the manner in which food is handed to participants *vis à vis* the opportunities for exerting pressure on them for the acceptance of a contraceptive method, particularly tubal ligation. For the health worker, this could be an opportunity to condition the client's enrollment in the program or the offer of food on her acceptance of a family planning method or, more specifically, tubal ligation. This opportunity would depend on the extent to which privacy is possible in the health establishment and on the status and authority of the health worker involved; that is, whether the health worker is the director or a physician or a person of lesser rank, such as an auxiliary, whose advances could be resisted with a certain degree of success. The responses to specific questions on these matters, both in the surveys of women who had undergone tubal ligation and PANFAR beneficiaries and in the focus groups, serve to explain how food distribution takes place in actual practice in the program.

Two central issues were explored with regard to the operational aspects of PANFAR in order to identify any trace of misconduct by the health worker as a result of his/her double programmatic responsibility. The first issue was whether PANFAR food supplies were delivered on a one-to-one basis, thereby favoring the health worker's ability to trade food for acceptance of contraception. The second issue was whether the health worker biased the information given to the beneficiary towards one specific contraceptive method or whether several contraceptive methods were explained to the beneficiary.

According to the PANFAR beneficiaries surveyed, in 53.4 percent of the cases, food was delivered in the storage room of the health post, and in 28.1 percent of the cases it was delivered in the waiting room, while only 6.7 percent of the women were given food outside of the health post. With regard to the person who delivered food, the majority of the beneficiaries surveyed, 86.8 percent, pointed

to the person responsible at the health post as being the provider. Furthermore, in 87.1 percent of cases the woman was in the company of other beneficiaries. In only 12.6 percent of the cases was the participant alone with the health worker providing the food. The PANFAR educational activities were attended by more than 90 percent of the participant women, and nearly 90 percent of the surveyed women said they had been taught about several contraceptive methods.

In the large majority of cases, food was delivered in meetings held in public areas in the health post. The focus groups tended to corroborate this finding. This indicates that privacy was not a facilitating element for the offer of food. With regard to the cases of women who reported experiencing food conditioning to accept a tubal ligation, there was no geographic concentration of these women in one or two departments. However, in the focus group discussion of beneficiaries there were comments made by PANFAR food recipients that some health workers did try to use food conditioning to influence a woman's decision to accept tubal ligation, while in other cases, health workers did not. This leads to the conclusion that the conditioning of PANFAR food for women to accept tubal ligation was determined, to a large extent, by the individual characteristics of the health worker.

III.2.2 Survey of PANFAR beneficiaries

The analysis of the 814 women interviewed who had been beneficiaries in the PANFAR program during 1997, and where there may have been overlapping functions of the health care worker for the family planning program and PANFAR, found that 64 women stated that they had undergone a tubal ligation operation during their PANFAR participation. Eleven of those women declared that PANFAR food was conditioned on their acceptance of tubal ligation, which gives a rate of 17.2 percent. This rate does not represent a significant statistical difference from 15.4 percent of women in the previous survey referred to above (12 of 78 women) for whom the characteristics of the health workers were not considered when they were selected, and who also had reported receiving the offer of food.

III.3 Objective 3

The evaluation in this area sought evidence to determine whether PRISMA has instruments in place which a) deter health care workers who are in control of Title II resources from using those resources inappropriately; b) enable program supervisors to detect abuses in a timely fashion; and c) permit PRISMA and its counterpart program authorities to take swift investigative action and apply the proper sanctions.

III.3.1 PANFAR program directives

The review of *Directivas Generales PANFAR: 1996* revealed that regulations dealing with issues of proper food distribution appear in two places in the document: section 6.1.3 Food Distribution in the Program and section 7.1 Faults in Chapter VII, Complementary Regulations. The text most directly related to the objectives of the present inquiry reads as follows:

- 6.1.3 PANFAR food will be distributed only to beneficiaries of the program; i.e., families at risk registered in the program. Its use is not permitted for any other purpose under responsibility subject to sanction.

The ration will be provided monthly to the beneficiary family.

- 7.1 PANFAR is subject to norms and conditions established by the donor. Their infringement will be subject to observations and possible interruption of the Program. Strict adherence to the rules in the agreement between the Ministry of Health and PRISMA is required to guarantee continuity.

Failure to adhere to or infringement of the rules stipulated in the agreement and its addendum will be taken as cause for inquiries and the corresponding sanctions. It is convenient to consider that the following actions are considered grave faults against the program:

- a. To sell or dispose of food for ends other than those stipulated by these directives.
- b.

Those responsible for PANFAR should report in writing to their immediate higher level all situations and all other actions resulting in failure to achieve the objectives of the program. The Regional or Subregional Director will set in operation the necessary inquiries and actions reporting both to CENAN and PRISMA.

These rules, as all others in the document, are carefully stated and formulated and sanctions for misuse exist. The document does not touch specifically on the issue of food supplies being conditioned on the acceptance of a contraceptive method. In light of the possibility of this situation to arise, the directives could contain direct reference to this matter.

Although there is no information with regard to coercion having been detected at the start of the program or before the incidents were reported in the press, the program has not relied solely on the

use of written rules but has also used training, monitoring, and supervision mechanisms to attain a better understanding by health workers of the rules and regulations.

In addition, the program has fostered a community-based approach to secure the participation of the communities in activities such as hygiene and the health care of babies and pregnant mothers, particularly at the point of distribution of food. In many cases, the actual distribution of food occurs in a setting where the community women play a visible role. These arrangements, which until recently were of an informal nature, have now become more organized through the installation of the communal assistance committees (COCOAs). The COCOAs, covering at present over 50 percent of the health care establishments involved, are operated by the communities themselves and bring together leading men and women in the community, including people from other organizations in the community that are pursuing aims similar or complementary to those of PANFAR.

III.3.2 PANFAR monitoring systems

The complex institutional arrangements for PANFAR contain several layers of supervision. On the MOH side, direct supervision of the project is exercised from the central office of the National Center for Nutrition and Food Assistance (CENAN) to the health regions to the subregions to the health area units (UTES) to the basic health units (UBES) to the health centers and posts where the project takes place

On the PRISMA side, project supervision operates through a central office in Lima, eight offices in the field, and a network of 20 regional supervisors, at present, for each of the health subregions where the program operates. At the central level, they are supported by the PANFAR project director and a supervision coordinator. To support monitoring, the central PRISMA office has a staff of 30 in its Division for Monitoring, Evaluation, and Research in the areas of systems (7), field work (9), project design and analysis (5), information systems (2), and the remaining staff in administrative support positions. In addition, PRISMA uses the services of 26 local coordinators of Kusiayllu, a complementary program also managed by PRISMA, as needs develop.

The regional supervisors have a heavy agenda of visits to the program sites and are constantly seeking information from the field. Their capacity is limited, thus making it difficult for them to have a full grasp of day-to-day events. In fact, one of the focus groups for health care workers held in Junin, stated that no supervisor had visited them from Huancayo. The supervisors also have to rely to a large extent on information from the MOH health workers in the health care establishments, with whom they maintain close links. While this contact and source of information is helpful, it does not make up for the direct observation by supervisors of the food distribution situation.

The regional supervisors are charged with the responsibility for teaming with the health workers in UTES and UBES to develop quarterly supervision work plans and prepare supervision guides. On that basis, they are in a position to resolve problems or submit information to resolution levels. A strong feature of the supervision setup is the evaluation meeting, held quarterly, which is attended by coordinators. At the meeting, information is analyzed and discussed with a view towards resolution, reinforcement of rules and regulations, and further training. In addition, the central office

of PRISMA maintains continuous contact with the field supervisors via cellular phone, fax, and an expanding computer network comprising about 100 computers.

One of the major monitoring efforts is the operation of PANSERV, a Web page with selective entry for PANFAR officers that is designed to facilitate decision making at all levels through consultation and feedback. The central offices of PRISMA provide continuous technical support through telephone, fax, and the Internet, as well as frequent training visits to the field. The information collected refers to numbers of beneficiary families, supplies, and process indicators such as services provided, turnover of food supplies, and count of food packages. Among result indicators, the system has indicators for degree of undernourishment and the condition and criteria for graduating beneficiaries. Statistical data dealing with the performance of the program are entered monthly from the field and reviewed at the central level for consistency. This allows for a close follow-up of the logistics of food distribution and utilization, as well as for transmitting programmatic information on beneficiaries and services provided.

The evaluation team used this database to develop the sample and to locate health posts, women with tubal ligation, and beneficiaries participating in the PANFAR program during the second half of 1997. The information had some problems with accuracy and completeness, and thus had to be complemented with information from regional supervisors and locally at the health establishments.

III.3.3 PANFAR response mechanisms

The emergency created by the allegations in the press was a reality test for the response mechanisms set in place by PANFAR to manage the program and implement corrective measures. These mechanisms include the quarterly meetings of regional supervisors; the communication capabilities via regular telephone and cellular lines, fax, and e-mail; and the investigative activities ordered and carried out by the central office. These mechanisms had been activated to resolve some infringements of rules in a few instances before the allegations in the press. This occurred in some cases when food was being appropriated by health care workers or its distribution was subject to inquiry, and in one case where the community itself took the initiative in alerting PANFAR to the issue. In yet another case, when Pap smear tests were being forced, albeit based on good medical judgment, upon women who resisted taking the test by not attending the clinic, PANFAR took measures to call attention to regulations and standards of good practice.

Prior to the press allegations, following discussions with USAID on safety rules for the use of food, PRISMA took the initiative to meet with the then director of the MOH Reproductive Health Department in mid-1997 to discuss the subject of targets, their application in the field, and the implications for the PANFAR program. When, at the end of 1997, the national press started publishing reports of abuses, the quarterly coordination meeting of regional supervisors served to focus on the problem and resulted in specific directives to the PANFAR local coordinators to maintain a vigilant attitude, report on any cases being brought forward, and report any instance of coercion. There is a considerable amount of correspondence between PRISMA's central office and the field on the matter. In addition, a PRISMA circular dated January 19, 1998, addressed all directors of subregions and showed concern about the reports in the press, calling attention to the directives governing the project and to the terms of the MOH-PRISMA agreement. The circular

asked for an immediate referral to PRISMA of any instances of misuse of food or use of it in an unapproved manner.

There is a series of responses to the January 19, 1998 circular from MOH subregional directors indicating the absence of such incidents and providing information on the alleged cases. Without entering into a case-by-case assessment, it is important to note that, as a result of investigations by the director of PRISMA and other PRISMA officers, there was correspondence from the field confirming, in some cases, that the stories were false and that there were mistakes in the identification of the women involved.

In the cases of health establishments in Sullana and Acobamba, where the press had alleged that food conditioning had taken place, sanctions stated in the PANFAR directives were applied in the form of a preventative suspension of food supplies while an investigation by a PANFAR supervisor was launched. In both cases, the suspension lasted for about a month in early 1998 until the clarification took place that there was no evidence of food conditioning.

III.3.4 Survey of health workers

Typically, a health worker is a woman (74 percent), 30 to 31 years old, who has been in charge of PANFAR activities for two years but not in the health post visited (at least during the second semester of 1998). She has a situational familiarity with the health catchment area, and she has been transferred recently. Since the evaluation team expected this high level of personnel rotation, the survey limited its approach to addressing the current knowledge of the health worker on program procedures.

The first and second stages of the survey of health workers had different results in the workers' knowledge of program procedures. Seventy-seven percent of health workers in stage 1 and 92 percent in stage 2 were aware of directives to prevent the misuse of food and reminders about the established rules. This difference between the two stages may be due to methodological issues in the survey design and to MOH circulars issued between the two stages. In either case, there was room for improvement in the level of knowledge of health workers of PANFAR rules.

IV. CONCLUSIONS

IV.1 Objective 1

Whether any woman participating in the PANFAR program was sterilized against her will, or on the basis of insufficient information about family planning alternatives, or whether any had PANFAR food assistance conditioned on acceptance of sterilization.

None of the women who accepted tubal ligation as a contraceptive method during 1997 reported that the tubal ligation operation was performed without their consent or against their will. The survey findings did not find any evidence that any beneficiary of PANFAR was forced or physically compelled in any way by any health worker to submit to a tubal ligation operation. This conclusion is based on the overall analysis of questions in two sets of surveys and focus group discussions.

Special attention was paid during the evaluation to the question of food conditioning; that is, whether the food supplies were conditioned on acceptance of tubal ligation. The evaluation found that of 142 women interviewed who had undergone a tubal ligation while participating in the PANFAR program in 1997, 23 had experienced some degree of food conditioning. Twelve of these women were of the first group of women interviewed who were known to have undergone tubal ligation, and eleven were of the sample group of 814 PANFAR beneficiaries interviewed, 64 of whom also reported that they had undergone a tubal ligation. Focus group discussions also indicated that food conditioning was experienced by women to accept tubal ligation in some cases. However, it was not possible with the questions asked in the survey to determine with certainty the weight of food conditioning on the final decision taken by women to accept tubal ligation. For example, the information obtained suggests that the 12 women who reported food conditioning had the same level of satisfaction with the operation as did the majority of women with tubal ligation who affirmed that they had not been food conditioned in their decision to have the operation. Moreover, 90.1 percent of the women undergoing tubal ligation while in PANFAR reported being pleased with the operation.

These results suggest that there were preexisting reasons for the decision taken by these women to opt for tubal ligation prior to any food being conditioned upon its acceptance. The evaluation team did some preliminary work in this area through the utilization of a multi-variate analysis to estimate the relative importance of food conditioning in the decision to undergo tubal ligation. However, it was not possible to obtain any significant result due to the fact that the sample sizes were not large enough for statistical analysis. Therefore, a subsequent re-interview was undertaken of the 23 women who stated in the initial study that they had experienced food conditioning in relation to their undergoing a tubal ligation procedure.

The follow-up interviews were able to clarify the circumstances of the cases where women experienced food conditioning and the degree to which food conditioning influenced a women's decision to undertake the tubal ligation procedure. Nineteen of the 23 women were located and interviewed. Of these 19 women, six acknowledged that, with the more detailed questions of the follow-up interviews, they had not, in fact, experienced food conditioning. Five of the 19 said that,

although they had perceived food conditioning, it had not been an important factor in their decision. The other eight women said that food conditioning had been an important factor.

Of the 19 women participating in the follow-up interviews, 14 indicated that they had undergone the tubal ligation because they did not want to have any more children. Other factors influencing their decision, in descending order of importance, were the effectiveness of a permanent method, the fact that food was offered, and the accessibility and no cost of the operation.

With reference to the level of information about contraceptive alternatives among women with tubal ligations, the survey indicates that 90 percent of them knew three or more methods, including tubal ligation, and that 51.5 percent of them were users of other methods before accepting tubal ligation. These rates are consistent with the findings of the Peruvian Demographic and Health Survey of 1996. The information from focus groups, although variable, indicates that the knowledge had been acquired or reinforced during the PANFAR educational activities.

IV.2 Objective 2

Whether abuses related to alleged sterilizations have resulted where health workers responsible for the management of the PANFAR program also has some responsibility for MOH family planning activities.

Of the second group of 814 women interviewed in the sample of PANFAR beneficiaries, 64 reported that they had undergone a tubal ligation while in the PANFAR program. The women interviewed for this sample were from health posts where the health worker responsible for the PANFAR program also had some responsibility for Ministry of Health family planning activities. Of these 64 women, the evaluation found that 11 (17.2 percent) reported having experienced food conditioning. This rate does not represent a significant statistical difference from 15.4 percent of women in the previous survey referred to above (12 of 78 women) for whom the characteristics of the health workers were not considered when they were selected, and who also had reported receiving the offer of food.

In the large majority of cases, food was delivered in meetings held in public areas in the health post. The focus groups tended to corroborate this finding. This indicates that privacy was not a facilitating element for the offer of food. With regard to the cases of women who reported experiencing food conditioning to accept a tubal ligation, there was no geographic concentration of these women in one or two departments. However, in the focus group discussion of beneficiaries there were comments made by PANFAR food recipients that some health workers did try to use food conditioning to influence a woman's decision to accept tubal ligation, while in other cases, health workers did not. This leads to the conclusion that the conditioning of PANFAR food for women to accept tubal ligation was determined, to a large extent, by the individual characteristics of the health worker.

IV.3 Objective 3

Whether PRISMA has instruments in place which 1) deter health workers who are in control of Title II resources from using those resources inappropriately; 2) enable program supervisors to detect abuses in a timely fashion; and 3) permit PRISMA and its counterpart program authorities to take swift investigative action and apply the proper sanctions.

PRISMA's role in supervision of the PANFAR program contributes to the proper application of the current PANFAR directives. Under the present arrangements, PRISMA coordinators are one step removed from the field operations for whose day-to-day supervision they have to rely on MOH staff. Given the natural autonomy of the latter in the final execution of the program, PRISMA's supervisory functions play an important role in the control and follow-up of the program.

The tools in place for program monitoring seem to be the proper ones in terms of the technology being utilized. The evidence reviewed dealing with rapid communication lines via cellular telephone, fax, and the internet and their use during the critical stage of accusations in the press with regard to abuses in the national family planning program, indicates that a rapid response system is in place. However, there are still needs in maintaining the system up-to-date and expanding the network to all sites.

PRISMA has demonstrated the capacity to respond in a timely and organized fashion to allegations of infractions and has applied the few, albeit drastic and effective, sanctions at its disposal for any infractions. Most of the health workers in the survey were aware of the written PANFAR program directives. These directives include rules and procedures with regard to the proper use of food supplies. Due to the possibility that food supplies could be used to condition women to accept contraception, PANFAR may need to provide explicit rules to prevent this occurrence.

Appendix A Scope of Work

Part 1

I. BACKGROUND

In mid December, 1997, several newspaper articles in leading dailies of Lima, Peru, touched off a controversy concerning the policy and practice of the Government of Peru's Family Planning Program as it relates to the question of surgical sterilization and, most importantly, tubal ligation. The principal focus of the articles centered on claims that the Government of Peru had established numerical targets for certain family planning methods and, more specifically, had assigned Ministry of Health (MoH) workers sterilization quotas. The newspaper articles further claimed that this alleged Government of Peru policy, coupled with a campaign-style strategy to achieve its objectives, had resulted in numerous cases of either forced sterilization, tubal ligation without the woman's informed consent or without sufficient information regarding the range of family planning alternatives available.

Further complicating this issue was speculation disseminated through the media that donated food assistance was often inappropriately used to further these sterilization objectives, to the point of conditioning the distribution of food or participation in a food assistance program on the acceptance of tubal ligation. While the first news articles made a general reference to this hypothetical possibility, subsequent articles made specific mention of the USAID-supported Programa de Alimentacion y Nutricion para Familias en Alto Riesgo or Feeding and Nutrition Program for High Risk Families - PANFAR, managed by the PL 480 Cooperating Sponsor, PRISMA, and co-implemented by PRISMA and the Ministry of Health's National Center for Feeding and Nutrition - CENAN.

The PANFAR program, an integrated strategy promoting nutrition and health services for nutritionally high-risk children and their mothers, and which includes a food ration component equivalent to 30 percent of daily nutrition requirements, was designed by PRISMA in 1998 as an effort to combat child malnutrition through the network of MoH health establishments. Implemented in cooperation with the MoH, the program currently reaches over 150,000 nutritionally high-risk families in over 2,300 population centers in the poorest areas of Peru. Because of its extensive coverage, PANFAR has a thorough monitoring system that includes participation in every PANFAR community by both PRISMA and MoH officials, to ensure that all precepts of the program are adhered to. These precepts include the prohibition of offering food assistance as an inducement either to enter PANFAR or to adopt any method of child spacing.

Further, PRISMA, as is the case with all USAID-supported PL 480 Title II Cooperating Sponsors, has complied with the requirement to investigate immediately any allegations of either the intended or actual misuse of program resources. Nevertheless, given the sensitivity surrounding this topic and the importance of any allegations made reflecting possible violations of women=s rights to freely decide the number and spacing of their children, USAID has decided that an independent assessment of claims made and of related issues is necessary.

II. PURPOSE

The principal purpose of this study is to assess the validity of claims that PL 480 Title II food assistance has been conditioned on acceptance of tubal ligation.

III. OBJECTIVES AND SCOPE OF THE STUDY

The study will be carried out by a U.S. Contractor responsible for the organization, management and results of the assessment and a local firm subcontracted to conduct the field surveys, collect and process the data and assist the Contractor in performing the required analyzes and formulating the corresponding conclusions.

The final report will be the U.S. Contractor's responsibility and will include a summary of findings, analyzes and conclusions regarding the assessments described below.

The Contractor will design a plan of action that ensures thorough and satisfactory responses to the following concerns:

- 1). Does convincing evidence exist that any woman participating in the PANFAR program was sterilized against her will or on the basis of insufficient information about family planning alternatives, or whether any had PANFAR food assistance conditioned on acceptance of sterilization?

The Contractor will review the PRISMA 1997 monitoring data which traced a sample (56,271) of the approximately 165,000 women who participated in the PANFAR program during the year. Results of the monitoring conducted show what, if any, method of family planning the women were using when they entered the program and record the choices made by the women, and the prevalence rates related to family planning alternatives, by the time they left the program. Of the family planning options available, 164 (or 0.3 percent) of the women underwent surgical tubal ligations during the course of their participation in the PANFAR program. The Contractor will conduct interviews of a random sample of these women, at least 40 percent (66) of the 164 women, to determine whether they made the choice for sterilization voluntarily and on the basis of timely and sufficient information and counseling as to family planning alternatives, and whether any had the receipt of food assistance or their continuation in the PANFAR program conditioned on the acceptance of

The Contractor will also assess the timeliness with which PRISMA has responded to alleged violations of PANFAR program directives or to the alleged misuse or attempted misuse of program resources.

IV. METHODOLOGY

The above assessments will be based on:

- a). Review of PRISMA PANFAR program reports and an analysis of data collected through the monitoring systems at a sample of PANFAR program sites.
- b). Interviews with the women participating in the PANFAR program, PRISMA staff MoH PANFAR and family planning coordinators, and USAID/Peru officials. If deemed necessary, interviews may also be conducted with the journalists responsible for the newspaper articles mentioned and/or with representatives of one or more of the Peruvian women's groups that have publicly taken a position on the sterilization issue.
- c). Site visits to random selected communities and MOH health establishments to validate program information and to gather additional information through structured interviews with PANFAR program participants, program staff and other MOH personnel and, if appropriate, with community-level focus groups.

Random site selection will be made based on PANFAR program data provided by PRISMA and/or USAID/Peru.

V. IMPLEMENTATION PLAN

Organization of the Study

The evaluation will be conducted by a pre-qualified U.S. IQC firm which will have the responsibility for identifying and subcontracting a local firm to conduct the field activities. The U.S. Contractor will be responsible for providing guidance and oversight to the field operations ensuring the quality of the assessments conducted and of the subsequent analyses and conclusions, and for preparing the required reports to USAID/Peru. The Contractor will provide a senior professional with extensive monitoring and evaluation experience and survey skills, strong English language writing skills, who is fluent in Spanish, and who has had previous working experience in Latin America, preferably in Peru. Previous experience with food aid programs is also desirable. The local subcontract team will have responsibility for carrying out the fieldwork, based on a field work design approved by the U.S. Contractor and USAID/Peru, and for preparing draft assessments (which may be in Spanish) of the different components mentioned in section III above. Members of the local team will be survey design and implementation experts with extensive field experience in rural as well as urban Peru. As mentioned earlier, if any of the women, subject of the Study, are non-Spanish speaking, the local team Contractor will provide surveyors who speak the language of the women in question, whether they be Quechua-speaking or speak the language of

another indigenous sub-group. The team will conduct the interviews of the PANFAR women participants in a way that ensures the most reliable analysis possible of their testimonies.

Given the urgency of the evaluation and the need to make optimal use of time dedicated to field survey activity, personnel assigned to the evaluation are authorized to work a six-day work week.

Implementation Schedule

The time frame for the study will be approximately 7 weeks.

Weeks 1 - 2 Review PANFAR program reports and monitoring data. U.S. firm and subcontractor develop jointly a plan of work and methodologies for conducting the various assessments, selecting the field sites, designing the survey instruments, and prioritizing the field work. Plan of work and survey instruments reviewed and approved by USAID/Peru.

Weeks 3 - 5 Contractors conduct fieldwork. Local subcontract team completes draft assessments. Drafts accepted by U.S. Contractor.

Week 6 U.S. Contractor writes the first draft of the Final Report of the study and obtains comments from USAID/Peru.

Week 7 U.S. Contractor finalizes and submits Final Report of the study.

Level of Effort

The composition of the study team and the expected level of effort required are as follows:

U.S. Contractor

1. Mid-Level Survey Researcher (to also act as team leader)	42 working days
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Peruvian nationals

2 senior professionals	70 working days
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25 surveyors (for field work at the random selection of 200 health posts)	500 working days
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17 surveyors
(for survey of women
who underwent tubal ligation)

340 working days

VI. PRODUCTS

Six copies of the following reports will be submitted in English:

First Report: The report will contain the work plan for carrying out the study, including a definitive description of the methodology proposed (size of the sample, locations, variables, programming, etc.) and a design of any questionnaire or survey instruments to be used and which will be approved prior to implementations.

Second Report: This report will be the first draft of the Final Report which summarizes the findings of the study, its analyzes and conclusions regarding the various assessments undertaken, and its recommendations.

Third Report: This document will contain the Final Report of the study. Six (6) printed copies and a computer diskette containing the document in the final form using Work Perfect 5.1/5.2 for Windows will be submitted by the end of Week 7 of the study. Together with the Report the survey database will be submitted in Dbase IV.

Part 2

I. BACKGROUND

ISTI has carried out the PANFAR study, as stipulated in the task order, and presented USAID/Peru with a preliminary report. In review of this document, it has been determined that additional information is needed to complete the study. ISTI, working with a Peruvian subcontractor (SASE to date), needs to undertake the following:

Conduct follow-up interviews with as many of the 23 women feasible (preferably all), within the time frame of this extension, who stated that they had experienced food conditioning in relation to their undergoing a tubal ligation procedure, in order to obtain additional information on the circumstances involved with food conditioning and its impact on their decision to undergo the surgical procedure;

Analyze the data generated by these interviews; and

Report to USAID/Peru, with appropriate annexes, information related to the circumstances surrounding the food conditioning experienced by the women.

II. OBJECTIVE AND SCOPE OF THE STUDY

Following up findings during the ISTI study that a percentage of PANFAR participants (as reported by 23 women who had been PANFAR participants in 1997) had experienced food conditioning related to their decision to undergo a tubal ligation procedure, ISTI will design, carry out, analyze, and report on a survey of as many of these women as can be interviewed during the period of this contract extension, with the goal of interviewing all 23 women. This additional information will be useful in gaining a more complete understanding of the circumstances surrounding food conditioning under the PANFAR program in 1997, and will assist USAID/Peru in monitoring improvements made to the PANFAR program over the past year, as well as direct additional changes that may be necessary. The following are general concerns related to the food conditioning of PANFAR participants:

At what point (s) during the woman's participation in PANFAR was the food conditioning communicated to her?

What was the precise nature of the food conditioned she experienced, i.e., as a *quid pro quo* for food, as a suggestion, a possibility, etc.?

Who was the official who conditioned food for the acceptance of a tubal ligation?

Where did the food conditioning occur?

Did the woman actually receive food in exchange for undergoing the tubal ligation? If yes --

where, how, and from whom did she receive the food?

Does she know or believe that this was PANFAR food? If no-- does she know where the food came from?

What influence did food conditioning have on the woman's decision to undergo the tubal ligation?

What were the factors, in order of importance, influencing the woman's decision to undergo the tubal ligation?

III. METHODOLOGY

ISTI will develop a survey instrument and conduct a field survey to collect additional information on food conditioning of as many of the 23 women (preferably all) who had experienced food conditioning. ISTI will analyze the data and report its findings, conclusions, and recommendations to USAID/Peru in English.

IV. IMPLEMENTATION PLAN

Implementation Schedule

The time frame for this survey on food conditioning will be approximately ten days from the execution of this amendment, including preparation of the survey instrument and conducting the field survey work, to be followed by one week of data analysis and reporting. USAID/Peru will provide comments to ISTI within five work days of receipt of the draft report, and ISTI will provide a final report within five work days of receipt of USAID/Peru's comments.

Level of Effort

The level of effort for this survey on food conditioning will include one senior Peruvian survey specialist for approximately four weeks, six experienced Peruvian surveyors for approximately seven work days each, one computer specialist and one secretary for approximately three weeks each, and two ISTI personnel assigned to report preparation and editing for approximately two weeks each.

V. PRODUCTS

Final Report. ISTI will incorporate the information from this survey on food conditioning in the appropriate sections of its final report under the task order. It is recommended that the detailed presentation of the findings, conclusions, and recommendations be presented in a separate section of the report, or in an annex. Illustrative benchmarks include the draft final report to USAID/Peru by March 5, 1999, with USAID/Peru comments considered and the final report submitted to USAID/Peru by March 19, 1999.

Appendix B

List of Contacts

USAID

Mr. Allen Eisenberg	Regional Contracting Officer
Mr. Michael Kaiser	Chief, Office of Rural Development
Mr. Stanley Stalla	Chief, Food for Development Division
Mr. George Baldino	Adviser, Food Security
Dr. Susan Brems	Chief, Office of Health, Population and Nutrition
Dr. Lucy López	Project Coordinator for PASARE
Dr. Violeta Bermúdez	Project Coordinator for Human Rights and Democratic Institutions
Dr. Luis Seminario	Chief, Project 2000
Mr. Tom Morris	Deputy Chief, Office of Health, Population, and Nutrition
Ms. Barbara Feringa	Technical Adviser for REPROSALUD Project
Ms. Rosario Saldaña	Acquisition Agent
Mr. Juan Robles	Program Coordinator for PRISMA
Mr. Jay Knott	Regional Legal Adviser

Instituto Nacional de Salud (INS)

Dr. Carlos Carrillo	Chief
Dr. Adolfo Tirado	Deputy Chief

Centro Nacional de Alimentación y Nutrición (CENAN)

Dr. Nelly Baiocchi	General Director
Dr. Percy Miranda	Coordinator, Research and Monitoring

Ministry of Health, Reproductive Health Directorate

Dr. Jorge Parra	Director
Mr. Carlos E. Aramburú	Adviser

Asociación Benéfica Proyectos, Informática, Salud, Medicina (A.B. PRISMA)

Ms. Josephine Gilman	Director
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